

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <b>ERIC JONATHAN HAEMMERLE</b>		2. FEC Candidate Identification Number <b>TO BE ASSIGNED</b>
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>5215 PUTTERS CIRCLE</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <b>WEST CHESTER OHIO 45069</b>		
4. Party Affiliation <b>REPUBLICAN</b>	5. Office Sought <b>8th CONGRESSIONAL DIST.</b>	6. State & District of Candidate <b>OHIO</b>

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).  
(year of election)
- NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>HAEMMERLE FOR CONGRESS</b>
(b) Address (number and street) <b>5215 PUTTERS CIRCLE</b>
(c) City, State, and ZIP Code <b>WEST CHESTER, OHIO 45069</b>

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
- NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

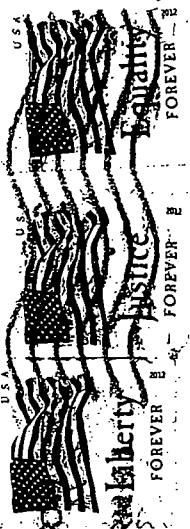
Signature of Candidate <b>Eric J. Haemmerle</b>	Date <b>10/2/15</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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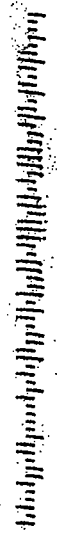
Mr. & Mrs. Eric Haemmerle  
5215 Putters Circle  
West Chester, Ohio  
43069

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The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2015)	10/8/15 DATE PREPARED